

ASSESSMENT DATE:

9/8

9/9

TIER 2

TIER 3

COMMUNITY ASSESSMENT & INTERVENTION

REFERRAL & RESPONSE FORM



HOUSEHOLD ID #

SECTION #

RESIDENT'S NAME

HOUSEHOLD ADDRESS

PHONE #

I, _____ WOULD LIKE MORE INFORMATION OR ASSISTANCE WITH THE FOLLOWING SUPPORTS AND GIVE PERMISSION FOR THE CITY OF HOUSTON DEPARTMENT OF HEALTH & HUMAN SERVICES AND/OR ITS AGENTS TO CONTACT ME REGARDING THE FOLLOWING SERVICES:

Consent by signature

Date

Witness by signature

Date

I would prefer:

Home visit: _____

Telephone: _____

Notes: _____

?	Need	Referral X	R-Grp	Referred To Program/Agency	Initial Follow-Up Date/Name of Staff	Assistance Provided Location / Type	Status Open / Compl
4	Medical Home		Eligibility				
6	Medical Supports Equipment Prescriptions						
26	Environmental Air / Water Land / Lead		Environ.				
26	Counseling/MH		MH				
26	Child Care/After School		Info / CRS				
26	Family Recreation						
26	Basic Needs Food / Clothing Housing / Utility		Info / CRS				
26	Nutrition Information						
26	Educ / Job Training		Info / CRS				
26	Financial Literacy						
26	Legal Services						
16,17,18	Senior Assistance		AAA				
26	Disability Supports						
26	Other (Specify)		CRS				
27	Immediate Medical Ser.		Tier 3				